



DCG No. _____

DEPARTMENT OF CHARITABLE GAMING

101 N. 14th Street, 17th Floor, James Monroe Building, Richmond, VA 23219-3684

(804) 786-1681

www.dcg.virginia.gov

Form 202 (a) Rev. 01-19-06

EXEMPT ORGANIZATION - NOTIFICATION RENEWAL

General Instructions

- A. Use this form when applying for an **Exempt Organization - Notification Renewal Only**.
- B. Complete the entire application and provide all attachments. DO NOT LEAVE ANY BLANKS.
- C. Place "N/A" if item is not applicable. **Please type or print all answers.** Do not use pencil.
- D. If needed, attach additional documents or explanation sheets.
- F. Ensure application is signed/dated and notarized by the appropriate individual(s).
- F. Retain a copy for your records.
- G. The Department has 45 days to process an application upon receipt of a **COMPLETE** application and receipt of **ALL** attachments.
- H. After review, an acknowledgement and resolution form will be returned to your organization if the application is approved.

ORGANIZATION INFORMATION

- 1. Type of Permit Applied For: ☐ Bingo ☐ Raffle ☐ Bingo and Raffle
- 2. Organization Name: _____
Organization's Federal Identification Number: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____ Telephone: (____) _____
- 3. Organization's Physical Location: _____
City: _____ State: _____ Zip: _____ Telephone: (____) _____
Contact Person: _____ Title/Position: _____
Contact Person's Daytime Telephone No.: (____) _____ Facsimile No.: (____) _____
E-Mail: _____
- 4. Jurisdiction where the organization regularly meets? _____ County: _____ City: _____
- 5. Are at least 50% of the members comprised of Virginia residents? Yes ☐ No ☐
- 6. Has any officer, director, or game manager who volunteers in the conduct, operation or management of charitable gaming activities been convicted within the last five years of any felony or misdemeanor crimes, or been convicted of a crime, or has participated in the management, operation or conduct of any charitable game which was found by the Department or a court of competent jurisdiction to have been operated in violation of state law, local ordinance, or Department regulation within the last five years?

If yes, please provide name, address, and provide detailed specifics on a separate page.

Yes ☐ No ☐

BINGO GAME/RAFFLE INFORMATION

7. List the location(s), day(s), date(s) and time(s) the bingo/raffle activity(s) will be held: (List all planned activities below. If more space is needed, write the information a separate page and attach.)
- a. Building Name (Where Games are Held): _____
- Physical Address: _____
- City/Town: _____ County: _____ State: _____ Zip: _____
- Official Jurisdiction (County of/City of): _____
- Type of Gaming Activity: _____ Bingo _____ Raffle _____ Bingo and Raffle
- Day(s)/Date(s): _____ Time: From _____ am/pm To: _____ am/pm
- b. Building Name (Where Games are Held): _____
- Physical Address: _____
- City/Town: _____ County: _____ State: _____ Zip: _____
- Type of Gaming Activity: _____ Bingo _____ Raffle _____ Bingo and Raffle
- Official Jurisdiction (County of/City of): _____
- Day(s)/Date(s): _____ Time: From _____ am/pm To: _____ am/pm
8. **FOR BINGO GAMES ONLY:**
- a. Is this building: Owned: _____ Leased: _____ (If owned, skip items 12.d. and 12.e.. If leased, attached a copy of the current lease agreement.)
- b. Does the organization own the equipment used to conduct the gambling activity(s)? Yes _____ No _____
- c. Landlord Name: _____
- Landlord Address: _____
- City: _____ State: _____ Zip: _____ Telephone No. (_____) _____
- Contact Person: Name _____ Telephone: (_____) _____
- d. Name of Facility: _____ Facility Manager: _____
- Facility Telephone: (_____) _____ Facility Facsimile: (_____) _____

PLEASE CONTINUE TO NEXT PAGE

BINGO GAME/RAFFLE INFORMATION

9. Is the organization currently recognized by ordinance or resolution as being part of the locality safety program in accordance with Section 15.2-955 of the Code of Virginia? *If no, please provide a detailed explanation on a separate page.* Yes _____ No _____
10. **For Raffle Applications Only** - Will the raffle event be held in conjunction with a casino or Las Vegas night? **Please complete for each scheduled raffle.** Yes _____ No _____
- a. What is the prize to be given away? (Use separate page if necessary) _____
- b. What are the prize(s) purchased and/or donated? (Use separate page if necessary. Check one box for each prize as to prize being purchased or donated). Check One.
\$ _____ - Purchased _____ Donated _____ \$ _____ - Purchased _____ Donated _____
- c. What is the total purchase price per ticket? (Use separate page if necessary.) \$ _____
- d. What is the total number of tickets to be printed? (Use separate page if necessary.) _____
- e. Will volunteers/members who sell raffle tickets be allowed to buy raffle tickets? If yes, please provide a detailed explanation. Yes _____ No _____
- f. Summarize how the raffle will be conducted and by whom. Attach additional sheet if necessary.

PLEASE CONTINUE TO NEXT PAGE.

PERSONNEL INFORMATION

Section 18.2-340.25, Code of Virginia, 1950, as amended, provides that no exempt charitable gaming permit and/or authorization can be issued prior to a reasonable investigation conducted by the Department of Charitable Gaming. Individuals designated below hereby authorize the Department of Charitable Gaming and/or the Virginia Department of State Police to investigate all matters relating to this application, and each individual designated below hereby waives any rights or causes of action they may have based upon the disclosure of otherwise confidential information.

Complete the following information for **the President, Treasurer/Financial Officer and ALL game managers**. Provide **complete** information. **FULL PROPER NAMES** must be listed and include: first name, middle name and last name -- **applications with initials will cause a delay in processing**. **If an individual has no middle name, then insert "NMN"**. *Complete a separate form for each required person. This page may be duplicated.*

Position Codes: (Check the appropriate box for each applicable individual)

_____ **President** _____ **Treasurer/Financial Officer** _____ **Game Manager(s)**

I, the undersigned, do hereby authorize and give my consent to the Virginia Department of Charitable Gaming to conduct an investigation as set out under Section 18.2-340.25, Code of Virginia, 1950, as amended. I understand that further information may be requested of me in regard to this investigation.

Signature: _____ Date: _____

Full Name: _____ Position: _____
First Name Middle Name Last Name

Social Security No. _____ Date of Birth: _____ Race: _____ Sex: _____

Physical Home Address: _____

City: _____ State _____ Zip Code _____

Day Phone: (____) _____ Fax No: (____) _____

E-Mail Address: _____

THIS FORM MUST BE COMPLETED FOR (1) THE PRESIDENT, (2) THE TREASURER/FINANCIAL OFFICER, AND (3) FOR EACH GAME MANAGER. THIS PAGE MAY BE DUPLICATED.

Prior to issuance of a resolution, the Department of Charitable Gaming reserves the right to request additional information from those named in the "Personnel Information" section of this Exempt Organization - Notification Renewal.

SIGNATURES/NOTARY

THE PRESIDENT/CHIEF OFFICER OF THE APPLICANT ORGANIZATION MUST PRINT HIS/HER NAME, AFFIX HIS/HER SIGNATURE, PROVIDE THE DATE, AND HAVE HIS/HER SIGNATURE INDIVIDUALLY NOTARIZED IN FRONT OF A NOTARY PUBLIC.

I hereby certify and affirm that all information provided in this Exempt Organization - Notification Renewal and attachments are true to the best of my knowledge, information and belief, and that I have not knowingly made a false statement of material fact on this Notification Renewal and that I have read and understand the terms and conditions as set out under the Code of Virginia and the Department of Charitable Gaming Regulations. I understand that untruthful or misleading answers are cause for denial of an exempt resolution. I also agree that the organization listed on this application and its officers, directors, members, and employees, will abide by all rules and regulations of the Virginia Department of Charitable Gaming in the operation and conduct of bingo game(s) and/or raffle(s) pursuant to the Code of Virginia, Chapter 8, Section 18.2-340.15, *et seq.*

Name - Print

(President)

Signature

Date

Notary Public

City/County of _____//Commonwealth of Virginia

That the above named person, _____, personally appeared before me
on _____, 200____.

Sworn and subscribed before me this _____ day of _____, 200____.

My Commission expires _____.

Seal

Notary Public